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A MONTHLY REVIEW OF THE PROGRESS OF PRACTICAL MEDICINE
THROUGHOUT THE WORLD AS PRESENTED IN THE REPORTS
OF THE CORRESPONDING STAFF OF THE ANNUAL
AND IN THE MEDICAL PRESS AT LARGE.

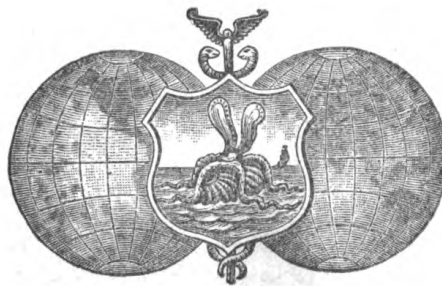
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SELECTIONS FROM REPORTS OF CORRESPONDENTS.

Report of Dr. A. MUNOS,
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CEREBRAL TUMOR—ANEURISM OF THE CAVERNOUS SINUS.

In the hospital under my charge I have at present the following remarkable case, viz.: E. B., married, 42, journeyman tiler. The patient indulged in the use of ardent spirits, chiefly brandy, until the age of 28. At 20 he had an attack of hæmatemesis, but soon got better. At 26, six years after marriage, he had an illness of eight months' duration, and feared he had become consumptive. In 1883 he had an attack of rheumatism in the right leg, which lasted a year and a half, from which he recovered by taking the waters of Arnedillo. No history of syphilitic, herpetic, tubercular, scrofulous, or other specific constitutional disease.

First Period.—The present malady and my attendance date from 1886, a term of five years, during which I have had opportunities for observing, step by step, the various stages of development.

From 1886 to 1889—that is, three years' time—the only symptom noted was intense occipital cephalalgia, located especially in the lower region (nape of the neck), intermittent and irregular in character, compelling the patient to keep his bed two, three, and even as much as ten days at a time. These neuralgic attacks, at first occurring at considerable intervals, went on increasing in frequency, intensity, and duration.

Every kind of general remedial treatment, especially antirheumatic and hydropathic (the latter at Arnedillo, in 1887), was tried in vain against the malady. Nor did local applications, counter-irritation, blisters, topical sedatives, ether spray, cautery puncture, irritant sub-

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This whole question is at present known almost entirely from clinical studies, and we have, therefore, no clear idea of the relation existing between the bacteria occasioning the mixed infection. The pathological factors in these cases are most likely : (1) a weakness of the organism, permitting the invasion of the other bacteria ; (2) the opening of new avenues of invasion, as, for instance, ulcers of intestines, lung-cavities, etc.; (3) it seems, however, that the so-called "symbiose" also take place, *i.e.*, that one bacterium, by its biological process, creates new conditions, permitting the development and action of another bacterium. The latter idea finds its confirmation in the works of Roger, Mass, and others, who found that, by injecting into an animal two kinds of bacteria, each of which in itself is harmless, death is produced (as, for instance, micrococcus prodigiosus and vibrio septique). The diseases in which mixed infection occurs most often are typhus abdominalis, tuberculosis, scarlatina, and small-pox. It is a very important circumstance that always two kinds of bacteria (pneumococci and pyococci) are the cause of mixed infection. The mixed infections deserve also our attention in regard to their therapy, as it would be very important if, by waging war with two sorts of bacteria, the mixed infection might be changed into the simple. (As Robert Koch remarked, at the International Medical Congress, in Berlin, "Therapy has not gained any practical results in the war with bacteria, and, I believe, it is doubtful whether, in this way, any positive results will be attained. More attention should be drawn to the ground on which bacteria develop than to the bacteria themselves."—COR. ED.).

CLINICAL OBSERVATIONS ON BROWN-SÉQUARD'S INJECTIONS.

Dr. Pulawski states that since 1889, when Brown-Séquard published his experiments with an emulsion of the testicles of animals, which was, according to him, supposed to be a tonic and excitant, many, even distinguished physicians, began to apply this new method. The number of observations amounts to more than 300. Some have seen astonishing results in such grave diseases as tabes, lepra, phthisis; the best results, however, were obtained in neurasthenic persons and in functional disorders of the nervous system. Dr. Pulawski is of the opinion that from literature, mostly without criticism, and the lavish repetition of Brown-Séquard views, no clear idea about this method can be formed. From his observations made in the Child Jesus Hospital, at Warsaw, on 12 patients, who received forty-three injections (3 cases of marasmus senilis, 2 of tabes, 2 of impotentia virilis, arthritis deformans, dyspepsia nervosa, enuresis nocturna, reconvalescence after typhoid fever, and nephritis in 1 case), he drew the following conclusions : (1) local pain and abscess twice ; (2) fever with chills very frequently appeared, perspiration, and excitement (which

was also observed by other authors); (3) specific action has never been observed; (4) subjective and positive amelioration were dependent upon suggestion. One case also is worth mentioning, where the speaker received, by injecting milk, the typical symptoms described by Brown-Séquard. Excitement, if it appeared, was always caused by fever. Finally, he explained why he did not employ spermine for his experiments. Spermine, being in the trade, met with such grave objections on the part of chemists and physicians, that experiments with it could not have any value.

THE SINKING OF THE COLON TRANSVERSUM.

Dr. Edward Zielinski, of Warsaw, read a paper on the above subject. Out of 127 cases, confirmed by post-mortem examinations, he found: in 37 elongation of the lobi dextri of the liver; in 13 cases the so-called "corset liver;" in 14 cases erosions of the mucous membrane of the stomach; in 10 cases round ulcers of the stomach and duodenum, and, finally, a floating kidney. The author criticizes all former theories, explaining all the above pathological states, and considers them as arising from the sinking of the colon transversum, and explains: (1) "corset liver," by the sinking of the hepatic flexure producing a vacuum, thus causing continual hyperæmia on the lower surface of the liver and leading to hypertrophy of this organ; (2) "floating kidney," by traction on the *ligamentum renalecolici*, and in this way producing a sac for it; (3) "round ulcers" of the stomach and duodenum, by the narrowing of the lumen of the arteries in consequence of their being lengthened by the sinking colon transversum. According to him this theory will explain (a) the greater frequency of wandering of the right kidney; (b) localization of ulcers on the *pars pylorica* and *cardiaca*, and on the posterior wall of the stomach and duodenum; (c) pains and their localization near ulcers; (d) subjective complaints of patients; (e) the almost specific action of Karlsbad salts and milk, or dry meat-powder in ulcers; (f) negative influence of some medical methods in the form of Hegar's lavage and hot compresses. Contrary to the affirmation of Glenard, Fereol, and others, he considers neurasthenic symptoms and nervous dyspepsia, very often present in such cases, as a coincidence, and not dependent on the sunken colon transversum. To the objection of Dr. Reichman that, although this theory is very probable, yet the sinking of the colon transversum does not explain the hyperacidity of stomach which always accompanies ulcers, Dr. Zielinski replied that, in his opinion, the sinking is the stimulus which stretches the stomach and produces hypertrophy of its muscles, and, besides that, in a straight position, as Hahn observed, provokes in an empty stomach an abundant secretion of gastric juice.